

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kasich for America, Inc.

A. Full Name (Last, First, Middle Initial)

Stephen Brush

Mailing Address 10293 MacKenzie Way

City	State	Zip Code
Dublin	OH	43017-8775

FEC ID number of contributing federal political committee.

C

Name of Employer
Brush Contractors, Inc.

Occupation
Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : ACE30F6DB35714478939

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Robert Mitchell

Mailing Address 513 W Salcedo Rd

City	State	Zip Code
Sikeston	MO	63801-4611

FEC ID number of contributing federal political committee.

C

Name of Employer
Mitchell Insurance, Inc

Occupation
Insurance Broker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A5A90509CF44544AA8AE

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

James Bacon

Mailing Address 539 Forest Hill Rd

City	State	Zip Code
Mansfield	OH	44907-1530

FEC ID number of contributing federal political committee.

C

Name of Employer
Mid Ohio Heart Clinic

Occupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : ABEF2C8B62464464CA05

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

1000.00

Total This Period (last page this line number only).....